

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE
2. CONTRACT NO. AG-04H1-B-08-7050	3. AWARD/EFFECTIVE DATE 07/01/2008 - 05/31/2011	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-08-9004	6. SOLICITATION ISSUE DATE 03/29/2008 22:00 PDT	
7. FOR SOLICITATION INFORMATION CALL:	a. NAME Willie Begay		b. TELEPHONE NUMBER (No collect calls) 503-808-2328	8. OFFER DUE DATE/ LOCAL TIME 04/21/2008 14:30 PDT	
9. ISSUED BY USDA Forest Service Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756			10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: _____ % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) NAICS: 115310 SIZE STANDARD: 16.5 M		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO CODE _____			16. ADMINISTERED BY Willie Begay CODE _____		
17a. CONTRACTOR/ OFFEROR CODE _____ FACILITY CODE _____ HOTLINE FIRE SERVICE INC 59732 VICTORIAN LANE JOHN DAY, Oregon, 97845-9717	18a. PAYMENT WILL BE MADE BY CODE _____ Refer to Exhibit B				
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>			18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM		
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	VIPR I-BPA for AG-04H1-S-08-9004, Fallers, R6				
<i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>					
25. ACCOUNTING AND APPROPRIATION DATA				26. TOTAL AWARD AMOUNT (For Govt. Use Only)	
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA				<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED	
<input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA				<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED	
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED			<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED <u>07/01/2008</u> . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:		
30a. SIGNATURE OF OFFEROR/CONTRACTOR /s/ William Wilcox			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo		
30b. NAME AND TITLE OF SIGNER (Type or print) William Wilcox -	30c. DATE SIGNED 04/08/2009	31b. NAME OF CONTRACTING OFFICER (Type or print) Leif Shjeflo	31c. DATE SIGNED 07/01/2008		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Single Faller Type 1	017620589-Single FalOR	JDCC	Daily Rate \$990.00/Day

Number of Fallers: 1

Roster:
Bill Wilcox

Vendor Information

Company Name: HOTLINE FIRE SERVICE INC
DUNS: 017620589
Company Address:
59732 VICTORIAN LANE
JOHN DAY, Oregon, 97845-9717

Mailing Address: same as above

Primary Contact:

Name: WILLIAM WILCOX
Email: billwilcox@centurytel.net
Daytime Phone: 5415752123
Cell Phone: 5416201473
Evening Phone: 5415752123
Fax: 5415752123

Secondary Contact:

Name: GLORIA WILCOX
Email: billwilcox@centurytel.net
Daytime Phone: 5415752123
Cell Phone: 5416202433
Evening Phone: 5415752123
Fax: 5415752123

Discount Terms:

none

Small Business Status

Small Business: Y
HUBZone: N
Service-Disabled Veteran-Owned Small Business: N
8(a): N
LSA Flag: Y

Supporting Documentation

Has Workers Compensation Insurance: Y
Workers Comp. Insurance Expiration Date: 05/01/2011
Has sufficient employees: N
Is registered in CCR: Y
Has completed ORCA: Y